USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

RECEIVED
DEPT. OF JUSTICE
2009 DEC 18 P 3 09
UNITED STATES MARSHAL
NORTHERN DISTRICT OHIO
TOLEDO, OHIO

PLAINTIFF Franklin E. Long	COURT CASE NUMBER 3:09 CV 01777 JGC
DEFENDANT Assetcare, Inc.	TYPE OF PROCESS Summons and complaint

SERVE AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Assetcare, Inc. C/O CT Corporation System

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
1201 Peachtree Street, NE, Atlanta, GA 30361

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	
Frank Long 461 W Lytle St #130 Fostoria OH 44830	Number of process to be served with this Form 285
	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold   Fold

Please be sure to include the "C/O CT Corporation System" in the address.

Signature of Attorney other Originator requesting service on behalf of:	☒ PLAINTIFF ☐ DEFENDANT	TELEPHONE NUMBER 567-245-0079	DATE 12/7/09

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (*Sign only for USM 285 if more than one USM 285 is submitted*)	Total Process 1	District of Origin No. 60	District to Serve No. 60	Signature of Authorized USMS Deputy or Clerk	Date 12/18/09

I hereby certify and return that I ☐ have personally served , ☑ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual , company, corporation, etc., at the address shown above on the on the individual , company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (*if not shown above*)	☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (*complete only different than shown above*)	Date 12/28/09	Time 12:00	☐ am ☑ pm
	Signature of U.S. Marshal or Deputy		

Service Fee ∅	Total Mileage Charges including *endeavors*	Forwarding Fee	Total Charges ∅	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) $0.00

REMARKS:
Cert. Mail

PRINT 5 COPIES:
1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

121809

Sent To Assetcare Inc. c/o CT Corp.
Street, Apt. No.; or PO Box No. 1201 Peachtree St., NE
City, State, ZIP+4 Atlanta, GA 30361

PS Form 3800, June 2002   See Reverse for Instructions

7003 3110 0001 7733 6684

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Assetcare, Inc.
c/o CT Corp. System
1201 Peachtree St., NE
Atlanta, GA 30361

3:09CV 1779

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X _____ ☐ Agent ☐ Addressee

B. Received by (Printed Name) Roland
C. Date of Delivery 12/28/09

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail   ☐ Express Mail
☐ Registered   ☑ Return Receipt for Merchandise
☐ Insured Mail   ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label)
7003 3110 0001 7733 6684

PS Form 3811, February 2004   Domestic Return Receipt   102595-02-M-1540